

<div style="font-size: 2em; font-weight: bold; margin-right: 10px;">A</div> <div> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div>							SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">10/023819</div>		FILING DATE	
APPLICANT(S)										
CLAIMS										
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